


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000004778 1. Entity Name COPPERCOM ACQUISITION CORP.	
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Principal Place of Business 3600 FAU BOULEVARD BOCA RATON, FL 33431	Mailing Address 3600 FAU BOULEVARD BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4493156	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION-SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HEISLEY, MICHAEL E 70 WEST MADISON STREET SUITE 5600 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEISLEY STOECKEL, EMILY 70 WEST MADISON STREET SUITE 5600 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD HICKS, JONATHAN 70 WEST MADISON STREET SUITE 5600 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD THOMSON, JULIAN 3600 FAU BOULEVARD BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD MEADOWS, STANLEY H 227 W MONROE ST 4700 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/14/08-80011-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Julian Thomson **Julian Thomson** 4/21/08 561322 4120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #